



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 07 Cascade			District: 0098 Great Falls Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1396	Yes	Floyd-Luckett, Michael & Jaybe	1.15	_____
1	1397	Yes	HERRICK, DARYN & LISA	0.65	_____
1	2340	Yes	Harbert, Sandra	0.50	_____
1	2341	No	Harbert, Sandra	4.10	_____



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Date			Signature, Chair, Board of Trustees		
County: 07 Cascade			District: 0099 Great Falls H S		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
A	1396	Yes	Floyd-Luckett, Michael & Jaybe	1.15	_____
A	1397	Yes	HERRICK, DARYN & LISA	0.65	_____
A	1398	No	STANLEY, SAM & SANDRA	0.25	_____
A	1778	No	HUESTIS, CHRISTIAN & SUZAN	2.40	_____
A	2340	Yes	Harbert, Sandra	0.50	_____



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Date			Signature, Chair, Board of Trustees		
County: 07 Cascade			District: 0101 Cascade Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
3	1083	No	Isbell, Jason & Kelly	2.75	_____
3	1399	No	GOAZIOU, LUANA	3.00	_____
3	1401	No	CASTILLO, CHRIS	9.25	_____
3	1402	Yes	CLARK, MARSHA	0.75	_____
3	1403	Yes	CLEAVELAND, GROVER	1.00	_____
3	1405	No	GILLEON, LAURIE	0.50	_____
3	1407	No	LAPPIER, JERRY & KAREN	1.50	_____
3	1410	No	PINGS, DAVID G	1.00	_____
3	1411	No	TAYLOR, DAYL	1.40	_____



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Date			Signature, Chair, Board of Trustees		
County: 07 Cascade			District: 0102 Cascade H S		District Level: High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
B	1400	No	MAULDING, TAMERA	6.00	_____
B	1402	Yes	CLARK, MARSHA	0.75	_____
B	1403	Yes	CLEAVELAND, GROVER	1.00	_____
B	1404	No	FRIMAN, MIKE & LINDA	9.25	_____
B	1406	No	KEMBLE, KEITH E	7.25	_____
B	1408	No	OLDS, TONI	1.00	_____
B	1409	No	YOUNG, JENNY	1.50	_____



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County: 07 Cascade			District: 0105 Centerville H S		District Level: High School	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
C	2320	No	Umphres, Rhonda		2.20	